

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

ORRINPAC

ADDRESS (number and street)

175 S. WEST TEMPLE, SUITE 650

☐Check if different
than previously
reported. (ACC)

SALT LAKE CITY

UT

84101

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00235572

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2008

through

02

29

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

STANLEY R. DE WAAL

Signature of Treasurer

Electronically Filed by STANLEY R. DE WAAL

Date

03

20

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
ORRINPAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	9	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		200304.06
(b) Cash on Hand at Beginning of Reporting Period	191915.58	
(c) Total Receipts (from Line 19)	32567.17	42269.85
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	224482.75	242573.91
7. Total Disbursements (from Line 31)	74434.69	92525.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	150048.06	150048.06
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ORRINPAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	9	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	16500.00	22500.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	16500.00	22500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	15500.00	18500.00
(c) Other Political Committees (such as PACs)	32000.00	41000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	567.17	1269.85
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	32567.17	42269.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	32567.17	42269.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	17334.69	35425.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	17334.69	35425.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55000.00	55000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	2100.00	2100.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	74434.69	92525.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74434.69	92525.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	32000.00	41000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32000.00	41000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	17334.69	35425.85
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	17334.69	35425.85

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 22

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ORRINPAC

A.

Full Name (Last, First, Middle Initial)

ALCON LABORATORIES INC. PAC

Mailing Address 6201 SOUTH FWY

City

FORT WORTH

State

TX

Zip Code

76134

FEC ID number of contributing
federal political committee.**C** C00382119

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	4	/	2	0	0	8

Transaction ID: 80211.C1915

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

ALLERGAN INC. PAC FOR EMPLOYEES PAC

Mailing Address 2148 E. ORANGE VIEW LN

City

ORANGE

State

CA

Zip Code

92867

FEC ID number of contributing
federal political committee.**C** C00292102

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	5	/	2	0	0	8

Transaction ID: 80307.C1922

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

AMERICAN ACADEMY OF SLEEP MEDICINE PAC

Mailing Address ONE WESTBROOK CORPORATE CTR, STE 9

City

WESTCHESTER

State

IL

Zip Code

60154

FEC ID number of contributing
federal political committee.**C** C00331462

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	5	/	2	0	0	8

Transaction ID: 80307.C1921

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 22

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

A.

Full Name (Last, First, Middle Initial)

AMERICAN ASSN. OF NURSE ANESTHETISTS PA

Mailing Address 412 FIRST ST, SE, STE 12

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C C00173153

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 0 8

Transaction ID: 80307.C1926

Amount of Each Receipt this Period

1500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

AMERICAN CLINICAL LAB ASSN. PAC

Mailing Address 1250 H ST, NW, STE 880

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00331462

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 0 8

Transaction ID: 80307.C1928

Amount of Each Receipt this Period

1500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

CREDIT SUISSE SECURITIES (USA) PAC

Mailing Address 1201 F ST, NW, STE 450

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00111559

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: 80307.C1929

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 22

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

A.

Full Name (Last, First, Middle Initial)

CSL BEHRING EMPLOYEES PAC

Mailing Address 1020 FIRST AVE

City

KING OF PRUSSIA

State

PA

Zip Code

19406-0901

FEC ID number of contributing
federal political committee.

C C00422501

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 0 8

Transaction ID: 80307.C1927

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

KIDNEY CARE COUNCIL INC. PAC

Mailing Address c/o ALSTON & BIRD
950 F STREET, NW, 8TH FLR

City

WASHINGTON

State

DC

Zip Code

20004-1404

FEC ID number of contributing
federal political committee.

C C00326736

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 0 8

Transaction ID: 80307.C1923

Amount of Each Receipt this Period

2500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

MILLENNIUM PHARMACEUTICALS PAC

Mailing Address 40 LANDSOWNE ST

City

CAMBRIDGE

State

MA

Zip Code

02139

FEC ID number of contributing
federal political committee.

C C00407460

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80211.C1913

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 22

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

A.

Full Name (Last, First, Middle Initial)

SIRPAC

Mailing Address 3975 FAIR RIDGE DR, STE 400

SOCIETY OF INTERVENTIONAL RADIOLOG

City

State

Zip Code

FAIRFAX

VA

22033

FEC ID number of contributing
federal political committee.

C C00408435

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 0 8

Transaction ID: 80307.C1925

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

15500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

A.

Full Name (Last, First, Middle Initial)

JERRY BORROWMAN

Mailing Address 11882 OAKRIDGE RD

City

SANDY

State

UT

Zip Code

84094-5618

FEC ID number of contributing
federal political committee.

C

Name of Employer
BENEFICIAL FINANCIAL GROUP

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80211.C1904

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

ALLAN BROWNE

Mailing Address 615 N. ROXBURY DR

City

BEVERLY HILLS

State

CA

Zip Code

90210

FEC ID number of contributing
federal political committee.

C

Name of Employer
DREIER STEIN KAHAN BROWNE
WOOD

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80211.C1905

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

MICHAEL EISNER

Mailing Address 411 N. OAKHURST, NO. 104

City

BEVERLY HILLS

State

CA

Zip Code

90210

FEC ID number of contributing
federal political committee.

C

Name of Employer
EISNER & FRANK

Occupation
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80211.C1906

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ORRINPAC

A.

Full Name (Last, First, Middle Initial)

ALAN FENSTER

Mailing Address 9777 WILSHIRE BLVD, #900

City

BEVERLY HILLS

State

CA

Zip Code

90212

FEC ID number of contributing
federal political committee.

C

Name of Employer
DREIER STEIN KAHAN BROWNE
WOOD

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80211.C1907

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

LAWRENCE GANTMAN

Mailing Address 9665 WILSHIRE BLVD, #700

City

BEVERLY HILLS

State

CA

Zip Code

90212-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer
SMITH BARNEY

Occupation
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80211.C1908

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

ERIC M. GEORGE

Mailing Address 450 N. ROXBURY DR.

City

BEVERLY HILLS

State

CA

Zip Code

90210-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer
DREIER STEIN KAHAN BROWNE
WOOD

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80211.C1910

Amount of Each Receipt this Period

3500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

A.

Full Name (Last, First, Middle Initial)

JOHN M. HADDOW

Mailing Address 13516 COMPTON RD

City

CLIFTON

State

VA

Zip Code

20124

FEC ID number of contributing
federal political committee.

C

Name of Employer
SYMMS AND HADDOW

Occupation

GOVT RELATIONS CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80211.C1909

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

ROBERT L. KAHAN

Mailing Address 12034 COYNE ST

City

LOS ANGELES

State

CA

Zip Code

90049

FEC ID number of contributing
federal political committee.

C

Name of Employer
DREIER STEIN KAHAN BROWNE
WOOD

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80211.C1911

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

ELWOOD LUI

Mailing Address 2058 REDCLIFF ST

City

LOS ANGELES

State

CA

Zip Code

90039-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jones Day Reavis & Pogue

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80211.C1916

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

A.

Full Name (Last, First, Middle Initial)

ALAN MEYERSON

Mailing Address 9625 YOAKUM DR

City

BEVERLY HILLS

State

CA

Zip Code

90210

FEC ID number of contributing
federal political committee.

C

Name of Employer
DREIER STEIN KAHAN BROWNE
WOOD

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80211.C1912

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

WILLIAM V. NEVILLE

Mailing Address P. O. BOX 3040 KINGSHILL

City

KINGSHILL

State

VI

Zip Code

00851

FEC ID number of contributing
federal political committee.

C

Name of Employer
US VIKING LLC

Occupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80211.C1917

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

WILLIAM H. NIXON

Mailing Address 7610 THOMAS GRANT DR

City

ALEXANDRIA

State

VA

Zip Code

22315

FEC ID number of contributing
federal political committee.

C

Name of Employer
POLICY IMPACT COMMUNICATI-
ONS

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80211.C1918

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

ORRINPAC

A.

Full Name (Last, First, Middle Initial)

PETER I. OSTROFF

Mailing Address 9621 ROYALTON DR

City

BEVERLY HILLS

State

CA

Zip Code

90210

FEC ID number of contributing
federal political committee.

C

Name of Employer

DREIER STEIN KAHAN BROWNE
WOOD

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	4	/	2	0	0	8

Transaction ID: 80211.C1914

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

TIMOTHY P. TRYSLA

Mailing Address 3715 FULTON ST, NW

City

WASHINGTON

State

DC

Zip Code

20007-1343

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alston & Bird LLP

Occupation

Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	5	/	2	0	0	8

Transaction ID: 80307.C1924

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

CHARLES S. VOGEL

Mailing Address 326 S. BENTLEY AVE

City

LOS ANGELES

State

CA

Zip Code

90049-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	4	/	2	0	0	8

Transaction ID: 80211.C1919

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

16500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 22

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

A.

Full Name (Last, First, Middle Initial)

ZIONS BANK

Mailing Address 310 SOUTH MAIN STREET

City

SALT LAKE CITY

State

UT

Zip Code

84101-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1269.85

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: 80307.C1937

Amount of Each Receipt this Period

567.17

Interest Received

SUBTOTAL of Receipts This Page (optional)

567.17

TOTAL This Period (last page this line number only)

567.17

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 22

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 ORRINPAC

A.

Full Name (Last, First, Middle Initial)

Barry Anderson

Mailing Address 76 Tartarian Circle

City BOUNTIFUL State UT Zip Code 84010-

Purpose of Disbursement
 Pac consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80307.E1742

Date of Disbursement

/ /

Amount of Each Disbursement this Period

585.00

PAC CONSULTING

B.

Full Name (Last, First, Middle Initial)

CBIZ FPG, LLC

Mailing Address 175 SOUTH WEST TEMPLE, SUITE 650

City SALT LAKE CITY State UT Zip Code 84101-

Purpose of Disbursement
 Accounting fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80307.E1744

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1520.32

ACCOUNTING FEES

C.

Full Name (Last, First, Middle Initial)

NATIONAL POLITICAL ASSOCIATES

Mailing Address P.O. BOX 2204

City WASHINGTON State DC Zip Code 20013-

Purpose of Disbursement
 Pac consulting & postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80307.E1753

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8100.00

PAC CONSULTING & POSTAGE

SUBTOTAL of Disbursements This Page (optional)

10205.32

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 ORRINPAC

A.

Full Name (Last, First, Middle Initial)
 North Capitol Street Enterprises

Mailing Address 400 North Capitol Street, NW
 Suite 585

City WASHINGTON State DC Zip Code 20001-

Purpose of Disbursement
 Office rent and phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80307.E1755

Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

833.84

OFFICE RENT AND PHONE

B.

Full Name (Last, First, Middle Initial)
 THE MONOCLE

Mailing Address 107 D STREET, N.W.

City WASHINGTON State DC Zip Code 20002-

Purpose of Disbursement
 Pac luncheon

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80307.E1758

Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

403.20

PAC LUNCHEON

C.

Full Name (Last, First, Middle Initial)
 THE MONOCLE

Mailing Address 107 D STREET, N.W.

City WASHINGTON State DC Zip Code 20002-

Purpose of Disbursement
 Pac luncheon

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80307.E1757

Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

320.00

PAC LUNCHEON

SUBTOTAL of Disbursements This Page (optional)

1557.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ORRINPAC

A. Full Name (Last, First, Middle Initial) WILLIAMS & JENSEN	Transaction ID: 80307.E1762 Date of Disbursement																				
Mailing Address 1155 21ST STREET, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	8												
City WASHINGTON State DC Zip Code 20036-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Legal fees	<table border="1"> <tr> <td>4</td><td>7</td><td>0</td><td>3</td><td>.</td><td>8</td><td>2</td> </tr> </table>	4	7	0	3	.	8	2													
4	7	0	3	.	8	2															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
LEGAL FEES																					
B. Full Name (Last, First, Middle Initial) ZIONS BANK	Transaction ID: 80307.E1740 Date of Disbursement																				
Mailing Address 310 SOUTH MAIN STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	0	8												
City SALT LAKE CITY State UT Zip Code 84101-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant fees	<table border="1"> <tr> <td>5</td><td>8</td><td>4</td><td>.</td><td>1</td><td>0</td> </tr> </table>	5	8	4	.	1	0														
5	8	4	.	1	0																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
MERCHANT FEES																					
C. Full Name (Last, First, Middle Initial) ZIONS BANK	Transaction ID: 80313.E1763 Date of Disbursement																				
Mailing Address 310 SOUTH MAIN STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	1		2	0	0	8												
City SALT LAKE CITY State UT Zip Code 84101-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service fee	<table border="1"> <tr> <td>1</td><td>6</td><td>7</td><td>.</td><td>4</td><td>4</td> </tr> </table>	1	6	7	.	4	4														
1	6	7	.	4	4																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SERVICE FEE																					

SUBTOTAL of Disbursements This Page (optional)

5455.36

TOTAL This Period (last page this line number only)

17217.72

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ORRINPAC

A. Full Name (Last, First, Middle Initial) ALEXANDER FOR SENATE 2008, INC.	Transaction ID: 80307.E1741 Date of Disbursement																				
Mailing Address 228 S WASHINGTON STREET, SUITE 115	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	8												
City ALEXANDRIA State VA Zip Code 22314-	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION TO GENERAL	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name LAMAR ALEXANDER	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 00	CONTRIBUTION TO GENERAL																				
B. Full Name (Last, First, Middle Initial) CITIZENS FOR COCHRAN	Transaction ID: 80307.E1745 Date of Disbursement																				
Mailing Address C/O CAROL HARDWICK P O BOX 22761	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	8												
City JACKSON State MS Zip Code 39225-2761	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION TO GENERAL	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name THAD COCHRAN	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District: 00	CONTRIBUTION TO GENERAL																				
C. Full Name (Last, First, Middle Initial) ENZI FOR SENATE	Transaction ID: 80307.E1747 Date of Disbursement																				
Mailing Address P.O. BOX 2776	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	8												
City CODY State WY Zip Code 82414-	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION TO GENERAL	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name MICHAEL B ENZI	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WY District: 00	CONTRIBUTION TO GENERAL																				

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 ORRINPAC

A. Full Name (Last, First, Middle Initial) FRIENDS OF JIM INHOFE	Transaction ID: 80307.E1748 Date of Disbursement
Mailing Address 3035 N.W. 63RD, #201N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 8</div> </div>
City OKLAHOMA CITY State OK Zip Code 73116-	Amount of Each Disbursement this Period <div>5000.00</div>
Purpose of Disbursement CONTRIBUTION TO GENERAL	<div></div>
Candidate Name JAMES M INHOFE	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
CONTRIBUTION TO GENERAL	
B. Full Name (Last, First, Middle Initial) FRIENDS OF SESSIONS SENATE COMMITTEE, IN	Transaction ID: 80307.E1749 Date of Disbursement
Mailing Address P.O. BOX 4278	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 8</div> </div>
City MONTGOMERY State AL Zip Code 36103-	Amount of Each Disbursement this Period <div>5000.00</div>
Purpose of Disbursement CONTRIBUTION TO GENERAL	<div></div>
Candidate Name JEFF SESSIONS	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
CONTRIBUTION TO GENERAL	
C. Full Name (Last, First, Middle Initial) LINDSEY GRAHAM FOR SENATE	Transaction ID: 80307.E1751 Date of Disbursement
Mailing Address P.O. BOX 1155	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 8</div> </div>
City SENECA State SC Zip Code 29679-	Amount of Each Disbursement this Period <div>5000.00</div>
Purpose of Disbursement CONTRIBUTION TO GENERAL	<div></div>
Candidate Name LINDSEY OLIN GRAHAM	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
CONTRIBUTION TO GENERAL	

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 ORRINPAC

A.

Full Name (Last, First, Middle Initial)
 MCCONNELL SENATE COMMITTEE 08

Mailing Address P.O. BOX 1496

City LOUISVILLE State KY Zip Code 40201-

Purpose of Disbursement
 CONTRIBUTION TO GENERAL

Candidate Name
 MITCH MCCONNELL

Office Sought: ☐ House
☒ Senate
☐ President

State: KY District: 00

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
 Type

Transaction ID: 80307.E1752

Date of Disbursement

/ /

Amount of Each Disbursement this Period

CONTRIBUTION TO GENERAL

B.

Full Name (Last, First, Middle Initial)
 NATIONAL REPUBLICAN SENATORIAL COMM.

Mailing Address 425 SECOND STREET, NE

City WASHINGTON State DC Zip Code 20002-

Purpose of Disbursement
 CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
 Type

Transaction ID: 80307.E1754

Date of Disbursement

/ /

Amount of Each Disbursement this Period

CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ORRINPAC

A.

Full Name (Last, First, Middle Initial)

BOX ELDER COUNTY REPUBLICAN PARTY

Mailing Address 805 S. 1000 W.

City
TREMONTON

State
UT

Zip Code
84337-

Purpose of Disbursement
DONATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80307.E1743

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

UTAH COUNTY REPUBLICAN PARTY

Mailing Address 1754 SOUTH NEVADA AVENUE

City
PROVO

State
UT

Zip Code
84606-

Purpose of Disbursement
DONATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80307.E1760

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00